## U.S. DEPARTMENT OF ENERGY

# SMALL BUSINESS INNOVATION RESEARCH (SBIR) AND SMALL BUSINESS TECHNOLOGY TRANSFÈR (STTR) GRANT APPLICATION BUDGET (Please Print or Type)

| FIRM NAME:   |   |            |             |                    |            |
|--|---|------------|-------------|--------------------|------------|
| A. PERSONNEL (Employees) NAME  | ROLE IN PROJECT  Principal Investigator | EST. HOURS | HOURLY RATE | FRINGE<br>BENEFITS | TOTAL COST |
| B. CONSULTANTS NAME  | ROLE IN PROJECT                         | EST. HOURS | HOURLY RATE |                    |            |
| C. LEASED EQUIPMENT (Specify Time and Rate, or Other Basis) ITEM   |   |            |             |                    |            |
| D. PURCHASED EQUIPMENT ITEM AMOUNT   |   |            |             |                    |            |
| E. TRAVEL  |   |            |             |                    |            |
| F. OTHER DIRECT COSTS  1. Materials and Supplies   |   |            |             |                    |            |
| H. INDIRECT COSTS (Specify Rate and Base)  |   |            |             |                    |            |
| TOTAL INDIRECT COSTS   |   |            |             |                    |            |
| I. TOTAL COSTS (G plus H)  |   |            |             |                    |            |
| J. FEE OR PROFIT   |   |            |             |                    |            |
| K. TOTAL AMOUNT OF THIS REQUEST (Item I plus J)  |   |            |             |                    |            |
| L. Has any executive agency of the United States Government performed any review of your accounts or records in connection with any other grant or contract within the past year? <b>9</b> Yes <b>9</b> No. If Yes, give name, address, and phone number of reviewing office and official: |   |            |             |                    |            |
| M. CORPORATE/BUSINESS AUTHORIZED REPRESENTATIVE - TYPED NAME AND SIGNATURE DATE:   |   |            |             |                    |            |
| (Signature)  |   |            |             |                    |            |

## INSTRUCTIONS FOR COMPLETING APPENDIX C

Note: Do not include commercial or in-kind contributions on budget page. They may be included on Appendix D when determining level of effort.

### **GENERAL**

- a. Each grant application must contain a completed and signed budget form.
- b. If the information requested does not fit in the spaces provided, use an additional page and give it the heading "Budget Explanation Page."
- c. Please do not use cents, round up to the nearest dollar.

### **BUDGET LINE ITEMS**

The following is a brief outline of the information required:

**Lines A and B, Labor:** List the key personnel and consultants by name and function or role in the project. Other direct personnel need not be named, but their role, such as "technician," and total hours should be entered. Personnel whose costs are indirect (e.g., administrative personnel) should be included in line H. Fringe benefits shall be listed for each employee in the space provided, or they may be included within the indirect costs in line H.

**Lines C and D**, **Equipment**: List items costing over \$5000 and exceeding 1 year of useful life. Lesser items can be shown in line F.1.

Line E, Travel: Itemize by destination, purpose, period, and cost for both staff and consultants. Foreign travel is not normally an appropriate expense.

**Line F, Other Direct Costs**: If there is substantial collaboration with a research institution (defined in Section 2.9), and "yes" was checked on the cover page, list the subcontract for the research institution on line F5. Include any other subcontractor(s) on line F6. On the separate budget explanation page, identify any equipment, materials and/or supplies that would be purchased by any subcontractor under this grant.

**Line G, Total Direct Costs**: Enter the sum of items A. through F.

**Line H, Indirect Costs**: Cite your established Overhead (OH) and General and Administrative (G&A) rate, if any. Provide the base in both narrative and dollar terms to which any proposed indirect rate is applied. Otherwise, include all indirect costs (e.g., facilities, shared equipment, utilities, property taxes, administrative staff) for the period of the project.

**Line I:** Enter the total amount of the proposed project.

**Line J:** Self-explanatory.

**Line K, Total amount of the request**: This amount cannot exceed \$100,000 for Phase I or \$750,000 for Phase II.

**Line L, Federal Audit**: If DCAA or another Federal agency has audited your accounts in connection with a Federal grant or contract, enter the information requested.

**Line M, Corporate/Business Authorized Representative:** A signature of someone with the authority to commit the company must be given.